

## **Health Savings Account Payroll Deduction Form**

City of Idaho Falls is offering you the option to contribute to your health savings account (HSA) pre-tax through payroll deduction. You may also contribute on your own through the HSAToday portal and take the deduction on your income taxes to the extent appropriate under applicable law.

You can make changes to your HSA Payroll Deduction twice a year. The time frame to designate your 2016 HSA payroll deductions is from August 1, 2016 to August 31, 2016 and April 1 to April 30, 2017.

If you wish to make contributions to your HSA through payroll deductions, please complete and return this form to: City of Idaho Falls Human Resources, 380 Constitution Way, Idaho Falls, ID 83405-0220 by August 31, 2016 at 5:00 p.m. in order to have deductions begin the 2<sup>nd</sup> pay period in October 2016 or by April 28, 2017 at 5:00 p.m. in order to have deductions begin the 2<sup>nd</sup> pay period in May 2017.

Employee Name		Employee ID or	Employee ID or Social Security Number			
Address	City	State	Zip	Home Phone		
Email Address		Work Phone	Work Phone			
☐ New Payroll Dedu	ction   Replace Ex	xisting Deduction	☐ Cancel F	Payroll Deduction		
Employer Contribution Information for 2016						
City of Idaho Falls contributed \$1,000 to all employee's Health Savings Accounts with HSAToday and DataPath Financial Services, Inc. during the second pay period in February 2016 who qualified for Healthy Measures.						
City of Idaho Falls will co				th HSAToday and		
DataPath Financial Serv	ces, Inc. during the 2nd	pay period in Octobe	<mark>er 2016.</mark>			
<b>Employer Contri</b>	<b>bution Informat</b>	tion for 2017				
City of Idaho Falls will co DataPath Financial Servi Measures.			_	with HSAToday and hey qualified for Healthy		

## **HSA Contribution Limits and Contribution Calculator**

2016 Annual HSA Contributions				
Coverage Type Total Annual Contribution		Per Month		
Individual	\$3,350	\$279.16		
Family	\$6,750	\$562.50		

<sup>\*</sup>Catch-up contribution (age 55+): additional \$1,000/year



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2017 Annual HSA Contributions				
Coverage Type	Total Annual Contribution*	Per Month		
Individual	\$3,400	\$283.33		
Family	\$6,750	\$554.16		

<sup>\*</sup>Catch-up contribution (age 55+): additional \$1,000/year

Total Annual Contribution Amount		Employer Contribution		Total Eligible Amount
Individual \$3,350 or Family \$6,750	(Minus)		=	
Enter Amount		Enter Amount		Enter Eligible Amount
Total Eligible Amount		Enter number of pay periods for the year		Per-Pay Period Max Withholding
	/ (Divided)		=	
Enter Total Eligible Amount				

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). The maximum annual contribution is equal to the pre-defined amount updated by the federal government each year to account for inflation. Annual HSA contribution limits are prorated. For example, if your HDHP starts 7/1 (must be covered the 1<sup>st</sup> day of the month), you can make 6/12<sup>th</sup> of the total maximum contribution for the year. Your maximum includes all contributions being made to the account. When the City is contributing, please ensure that the total combined contributions do not exceed the maximum. For more information, please consult <a href="www.irs.gov">www.irs.gov</a> or your tax advisor.

Employee Information and Authorization			
Employee Name	Last 4 of SSN or Employee ID		
Please withhold from my bi-weekly payroll and apply the funds to my HSAToday Account.			
I understand the eligibility requirements for contribution to an HSA and state that I qualify to make contributions. I understand that funds deducted from payroll will be deposited after each payroll and I understand it is my responsibility to ensure there are sufficient funds in my account prior to deposits being made. I understand that there will be no reimbursement from the City for insufficient fund charges to my account.			
Signature	Date		